Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

Meeting Notes from July 17, 2015

MEETING FACILITATOR: Michael Landen

ADVISORY COUNCIL MEMBERS PRESENT: Michael Landen, Steve Jenkusky, Bill Barkman, Frances Lovett, Ernie Dole, Joanna Katzman, Jennifer Weiss

OTHER PARTICIPANTS: Elaine Brightwater, Sandra Adondakis, Dale Tinker, Annie Jung, Maureen Wilks, Harris Silver, Melissa Heinz, Cecilia Ruberto, Valerie Fisher, Irene Ortiz, Anne S. Ortiz, Linda Siegle, Karen Cheman, Rebecca Leppala, Toby Rosenblatt, Heather Stanton, Dave McClure, Sondra Frank, Ellen Paddock, James Dominguez, Kyra Ochoa, Angela Marcucci, Shannon Pitcher, Cheranne McCracken, Augustus Pedrotty, Sara Aldaz, Trenton Paul Knoll, Bill Wiese, Shelly Moeller, Ralph McClish, Naomi Greene, Laura Tomedi, Luigi Garcia Saavedra, Jim Davis

I. Introductions and Review of Agenda

II. Review of 6/12/2015 Advisory Council Meeting Notes

Maureen Wilks, Randy Marshall, and Annie Jung were all present – please revise participant list.

III. Review of 2014 (Finalized) Overdose Death Data – Jim Davis

See presentation slide set circulated via email.

IV. Report back from Working Group #1: Evidence supporting effectiveness of PMP check for every opioid prescription: Steve Jenkusky and Frances Lovett

- Steve J.: No studies show direct connection between use of PMP and reduced overdose death rate. New term: MPE for Multiple Provider Episodes. Unsolicited reports – reports sent directly to provider to alert, do seem to be a promising practice. Many states have mandatory PMP registration but "mandatory" defined differently across states. One recommendation: states that are successful use a MULTI-PRONGED approach.
- Francis Lovett – We need to use PMP not as a punitive tool but as a collaborative one. Automated reports would be helpful – thresholds and criteria that would trigger automatic alert – would be nice to have this integrated to EHRs … possibility of pilot in high risk areas and roll out to other areas as resources are identified?
- Jim – automatic report is currently generated (sent via email) when 5 providers and 5 pharmacists are identified for one patient.
- Mike – need to identify schedule for moving unsolicited reports to providers forward in Board of Pharmacy
- Laura T. -- Provider Report Card sample shared with Advisory Council. Prototype still open for input and further discussion.
- Steve J. – This is different because we're talking about patients names to providers on automatic reporting, not an aggregate summary.
- Joanna K. – Concerned about unintended consequence of alerts, review article showing how thresholds are not working in other jurisdictions, many patients

who die of unintentional death taking 40 mg, taking 5 days' worth at a time + alcohol, etc. Alerts may lead to providers thinking that "this patient is at risk but this one is safe …" but that is not necessarily the case.

- Francis L. – We could view this like a lab report, to alert the provider.
- Elaine B. – in favor of 1-pager. Nurse Practitioners working on direct provider communication this summer – may need to do this 4 times a year.
- Steve J.— We want to promote increased use of PMP, multi-faceted approach and unsolicited reports, and expanded use of technology.
- Mike L – Okay, thanks for the input – the work group will go back for further discussion and proposal on recommendation – others can join work group, contact Steve J.

V. Report back from Working Group #2: Prescribing guidelines – Review of states with prescribing guidelines (Elaine, Ernie, Steve and Branden – Elaine is removing herself). Ernie will lead the group. Dr Katzman will join.

- Mike L. – We will share the materials we have compiled (Robin Swift's research) and assign a DOH staff person to assist.

VI. Naloxone: distribution Data and Policy Efforts – Luigi Garcia Saavedra and Melissa Heinz

- See presentation slide set circulated via email.

VII. Miscellaneous

- Mike L. – American Medical Association (AMA) document on treatment circulated – acknowledge Valerie Fisher and Behavioral Health Services Division for support on naloxone efforts.
- Joanna K. – The time spent on prescription is minima – the most important portion is patient education, which takes up 99% of the time.
- Harris S. – SF New Mexican article – any hypotheses on the increase in death rates? I think it has to do with lack of treatment. The great loss and turnover of behavioral health providers – Lack of treatment leads to increase of disease.
- Jennifer W. – copies of presentation and press release? (they will be circulated by email) Where is NM ranked nationally now, with 2014 increase in death rate?
- Mike – ranked 3rd for now – We're ahead of other states in releasing our overdose death rates – Based on what we heard at recent national meeting, other states are seeing increases in both heroin and prescription drug death rates. Harris's points were consistent with some of our concern regarding time lag in death data overview – We will propose looking at a 6-month picture to more closely track OD death rates. We're also working on an ED surveillance approach that should enable us to track acute OD description data.
- Kyra – correlation study drill down to look at deaths associated with loss of behavioral health services?
- Mike – Some have attempted to do so but nothing clear reported.

- Steve J. – What about chart review of OD deaths?
- Mike L. – NVDRS (National Violent Death Reporting System) and looking at inclusion of Overdose module – if we are successful at CDC funding request.

Agreed to meet monthly – Next meeting: August 14th